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**DEPARTMENT OF THE NAVY**  
OFFICE OF THE CHIEF OF NAVAL OPERATIONS  
WASHINGTON, DC 20350-2000

IN REPLY REFER TO

OPNAVINST 5440.75  
OP-422  
15 NOV 1989

OPNAV INSTRUCTION 5440.75

From: Chief of Naval Operations

Subj: ADMINISTRATION, OPERATION, AND LOGISTIC SUPPORT OF T-AH 19  
MERCY CLASS HOSPITAL SHIPS

Ref: (a) CNO Washington DC MAILGRAM ser 422/7U393186 of  
26 Mar 87 (NOTAL) (hereby cancelled)  
(b) CNO Washington DC 191950Z Jun 87 (NOTAL) (hereby  
cancelled)  
(c) U.S. Navy Regulations, 1973  
(d) OPNAVINST 3501.161A Projected Operational  
Environment (POE) and Required Operational Capabilities  
(ROC) for the T-AH 19 Class Hospital Ship  
(e) Office of Management and Budget (OMB) Circular A-76  
(f) T-AH 19 Class Preliminary Ships Manning Document (SMD)  
(g) NAVCOMPT Manual, Vol. 7  
(h) OPNAVINST C3501.2H Naval Warfare Mission Areas and  
Required Operational Capability, Projected Operational  
Environment (ROC/POE) Statements  
(i) "Integrated Logistics Support Plan (ILSP) for T-AH 19  
Class Hospital Ships," NAVSEA ILSP-436-P Rev. A of  
November 1986  
(j) T-AH 19 Hospital Ship Class Navy Training Plan  
(S-30-8609)  
(k) NAVMEDCOMINST 6320.8 Credentialling Program  
(Credentials Review Process)

1. Purpose. To define the organizational placement of the T-AH 19  
MERCY Class Hospital Ships in full and reduced operating status,  
and prescribe unique command relationships and responsibilities  
required for the administration, operation, and logistic support of  
these ships.

2. Cancellation. References (a) and (b).

3. Background. Reference (c) specifies general responsibilities  
for the operation, administration, and logistics support of the  
operating forces. However, the missions, concept of operations,  
and required operational capabilities of the hospital ships as set  
forth in reference (d) require unique command relationships to  
ensure the readiness of the ships and their embarked medical  
treatment facilities (MTF).

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a. Mission. The mission of the T-AH 19 MERCY Class Hospital ship is to provide a rapidly responsive, flexible, mobile medical capability for acute medical care in support of Naval battle forces and amphibious task forces and forward deployed Army, Navy, Air Force, and Marine Corps forces. As a secondary mission, the ships and MTF are capable of providing mobile surgical hospital service for use by appropriate U.S. Government agencies involved in disaster or humanitarian relief or limited humanitarian care incident to these missions or peacetime military operations.

b. Concept of Operations

(1) Peacetime. The ships will be maintained in five-day reduced operating status (ROS) at East and West Coast layberths at their respective Sea Port of Embarkation (SPOE), and within 50 miles of their respective Supporting Naval Medical Center/Hospital. In ROS-5, the ships will be maintained at a level of readiness which will permit activation for primary mission employment in five days. Activations for other than the above primary mission or for training are not subject to this five-day requirement because of the potential need to reconfigure manning, medical supplies, and ship systems to meet the unique requirements of such missions. The notional objective for non-primary mission activation is 90 days depending upon the extent of change required, and the urgency of the mission. Each ship will be activated annually for engineering sea trials for periods of approximately seven days as scheduled by the respective Naval Commander, and quarterly for engineering dock trials. Concurrent full or partial activation of the MTF, or fleet exercise participation, will be scheduled during these trials as directed by administrative commanders.

(2) Activation. While the decision to employ assigned naval forces is generally reserved for the respective Unified Commander acting through and in concert with his Naval Component Commander, any decision to activate a hospital ship for other than the above routine requirements must be coordinated with the Chief of Naval Operations (CNO). Activation of the embarked MTF's or major portions thereof must be carefully coordinated to prevent an unacceptable impact on health care in those facilities required to provide medical or non-medical military support personnel. A Naval Component Commander/Naval Commander directed to employ a T-AH in support of military operations must so advise and obtain the concurrence of the CNO without delay. If T-AH activation is concurred with, CNO will direct respective commanders and the Chief, Bureau of Medicine and Surgery (CHBUMED), to execute activation plans and implement such other actions as required to minimize the health care impact. If activation appears infeasible or unsupportable, CNO will address the issue with the respective unified commander through the Joint Chiefs of Staff (JCS).

(3) Contingency/Wartime. The ships will be employed as directed by the Unified Commander acting through the Naval Component Commander to execute their primary mission.

#### 4. Command Structure

a. T-AH. The T-AH 19 Class Hospital Ships are U.S. Naval Ships, owned by the U.S. Government. The ships are assigned to and are operated by the Military Sealift Command (MSC), with a Civil Service Mariner (CIVMAR) crew under the command of the senior U.S. Coast Guard licensed Deck Officer assigned during ROS, and a ships master during full operating status (FOS) or when so directed by Commander, Military Sealift Command (COMSC). As such they are subject to the provisions of reference (c).

b. MTF. The embarked MTF is a separate unit of the Operating Forces of the Navy under COMSC command with an officer-in-charge (OIC) and cadre crew while in ROS, and a commanding officer (CO) when in FOS or upon partial activation of the MTF.

(1) Status. The command status of the MTF, including transfer of command authority from the OIC to the CO, will be as directed by COMSC.

(2) MTF Commanding Officer. Although the MTF CO holds command authority for the MTF only when so directed by COMSC, there will be a designated MTF CO permanently assigned to the staff of the Supporting Naval Medical Center/Hospital. This ensures the timely availability of a qualified individual in the event of activation, and, at all times, a single point of contact within the Center/Hospital for T-AH MTF affairs.

#### 5. Manning

##### a. Manning Plan

(1) CIVMAR Operating Crew. CIVMAR operating crew manning levels are specified by MSC to meet requirements set by the Performance Work Statement published under reference (e). They are estimated as approximately 9-16 personnel for ROS maintenance per ship, 30-40 personnel for FOS-Cadre Only underway operations, and 60-70 personnel to support a fully activated MTF.

##### (2) MTF Military Personnel

(a) Cadre Crew. From within the billet structure specified by reference (f), approximately 40 personnel per ship are assigned to the MTF permanently for duty.

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(b) FOS Activation Augmentation

1. Medical. Military medical personnel to man the MTF are permanently assigned to Continental United States shore medical activities, but designated as hospital ship activation crew under the Medical Personnel Unit Augmentation Plan. The FOS MTF billet structure is as specified by reference (f), with manning level as fixed by the CHBUMED based upon requirements as specified by the respective Fleet Commander in Chief (FLTCINC) and COMSC.

2. Non-medical Military Support. Non-medical military personnel are permanently assigned to hospital ship augmentation billets at medical activities assigned to the Responsible Line Commander(s) (RLC) for each ship under the billet structure specified by reference (f). Assignments for mission activation are directed by CHBUMED based upon requirements as specified by the respective FLTCINC and COMSC. In certain circumstances, FLTCINCS may be required to provide non-medical military personnel to meet skill requirements not identified by reference (f), or to overcome manning shortfalls in supporting medical and dental activities.

b. Manpower Planning, Programming and Manning Control

	T-AH Civilian Operating <u>Crew</u>	MTF <u>Military</u>
Resource Sponsor	OP-04	OP-093
Manpower Claimant		
ROS Cadre	COMSC	FLTCINC
FOS Augment	COMSC	CHBUMED
Manning Control	COMSC	ROS Cadre    FLTCINC FOS Crew    NAVMILPERSCOM

6. Command Relationships

a. Ship/Embarked MTF. The Master/Senior Licensed Deck Officer exercises ultimate command authority, with due regard to the recommendations of the CO/OIC of the MTF, and is responsible for the safe navigation of the ship and the safety of all personnel embarked as set forth in reference (c). The CO/OIC of the MTF exercises command authority, as set forth in reference (c), over the MTF and all military personnel assigned.

b. Naval Command. The T-AHs and MTFs are assigned to COMSC who, as Type Commander, is responsible for their administration, training, maintenance, support, and readiness during both ROS and

FOS. The MTF CO (when assigned)/OIC and the ship's Master (when assigned)/Senior Licensed Deck Officer report to COMSC via the designated MSC area commander. When not assigned to the T-AH MTF, the CO MTF is permanently assigned to the staff of the Supporting Naval Medical Center/Naval Hospital. The CO of the Supporting Naval Medical Center/Naval Hospital to which the MTF CO is permanently assigned is that officer's reporting senior. COMSC will provide a concurrent fitness report for the MTF CO, when assigned to the T-AH MTF.

(1) CHBUMED will provide professional and technical medical and dental guidance for the MTF.

(2) CHBUMED will designate and assign the medical and non-medical military personnel to the MTF augmentation crew from within their respective medical activities. When directed, those personnel will be assigned to the MTF under temporary additional duty (TAD) orders and report to the OIC/CO for duty.

(3) The Responsible Line Commander (RLC) is within the chain of command for medical and non-medical military support personnel, through the Medical Treatment Facility/Dental Treatment Facility Commanding Officer designated to support the T-AH when activated.

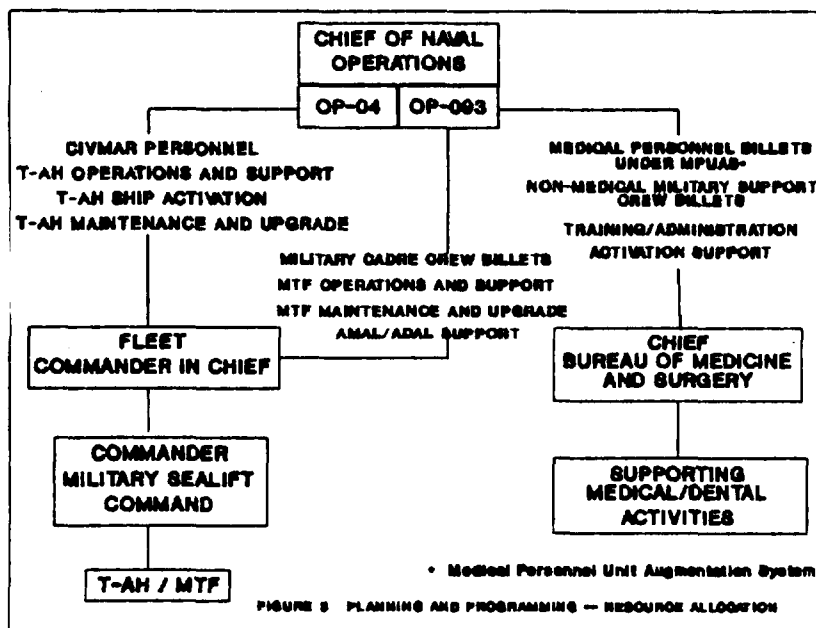
c. Task Element Commander. This command relationship, i.e., civilian master and military MTF commander, is suitable for independent operations only. When T-AH operations must be conducted in concert with other units, support vessels, air detachments, or shore-based elements, or in direct support thereof, a task element commander will be designated by the Naval Component Commander to ensure requisite operational command and control.

d. Implementation. The above command relationships are depicted in Figures 1 and 2 for ROS. During FOS, administrative command will be exercised solely through the chain of command reporting via COMSC to the respective FLTCINC, and combat command through the chain reporting to the respective Unified or Specified Commander via the respective Numbered Fleet Commander and Naval Component Commander. These relationships will be further implemented through memoranda of agreement for coordinated support between the respective commanders as indicated. Specific coordination requirements are detailed below under individual organizational responsibilities. Any exceptions to the established chain of command will require CNO (OP-09B) approval.

7. Planning and Programming. Budget planning and programming for the hospital ships will be exercised under reference (g), with specific functional responsibilities as set forth in paragraph 5b and as illustrated in Figure 3:

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	<u>T-AH</u>	<u>MTF</u>	<u>SUPPORTING ACTIVITIES</u>
Resource Sponsor	OP-04	OP-093	OP-093
Major Claimant	FLTCINC	FLTCINC	CHBUMED



8. Logistic Support. The respective assignments for logistics and readiness support are:

	<u>T-AH 19</u>	<u>T-AH 20</u>
Layberth Location	Oakland, CA	Baltimore, MD
Sea Port of Embarkation	Oakland, CA	Baltimore, MD
Supporting Naval Medical/Center/Hospital	NH Oakland	NNMC Bethesda
Health Care Support Office	San Diego, CA	Norfolk, VA
MSC Area (Immediate Superior in Command)	PAC	LANT

9. Responsibilities. The responsibilities set forth below are unique to the hospital ships or require special emphasis to clarify complex relationships. Where routine responsibilities are not highlighted, it should be assumed that they are similar to those required for any other units of the Operating Forces of the Navy.

a. Deputy Chief of Naval Operations (Logistics) (OP-04):

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(1) Act as resource sponsor for the T-AH 19 Class Hospital Ships, as set forth above, and excluding those areas listed under paragraph 9b(1).

(2) Coordinate Chief of Naval Operations (OPNAV) staff activities for all T-AH 19 Class issues and requirements which cross organizational boundaries or require CNO policy review or decision at the Service level.

(3) Issue and maintain current reference (d) reflecting T-AH 19 Class projected operational environment and required operational capabilities under reference (h).

(4) Incorporate the T-AH Class in long range fleet modernization program planning.

(5) In coordination with OP-093, CHBUMED, and Commander, Naval Supply Systems Command, establish a 60-day resupply planning policy to be incorporated in reference (i).

b. Director of Naval Medicine/Surgeon General of the Navy (OP-093):

(1) Act as resource sponsor for the MTFs of the T-AH 19 Class, to include all medical support systems and equipments unique to the MTF and manpower as set forth above.

(2) Include the T-AH 19 Class MTFs in Naval Service medical support planning.

c. Naval Component Commander (Commander in Chief, U.S. Pacific Fleet (CINCPACFLT), Commander in Chief, U.S. Atlantic Fleet (CINCLANTFLT), Commander in Chief, U.S. Naval Forces Europe (CINCUSNAVEUR)):

(1) Exercise combatant command of assigned T-AH 19 Class Hospital Ships during FOS as directed by respective Unified Commanders.

(2) Develop appropriate concepts of operations for employment of the T-AH 19 Class for both primary and secondary missions, or such other missions as may be assigned.

d. Naval Commander (CINCPACFLT, CINCLANTFLT):

(1) Act as major claimant for assigned T-AH 19 Class Hospital Ships, coordinating as necessary with COMSC and OPNAV resource sponsors to ensure requisite funds are programmed for ship and MTF operations and maintenance.

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(2) Where RLC's for T-AH supporting medical and dental activities do not report to the Naval Commander (Figure 1), coordinate with the RLC to ensure the readiness of assigned personnel and the RLC's ability to provide personnel when directed.

(3) Coordinate with the designated Healthcare Support Office (HSO) for planning and execution of T-AH contingency manning.

e. Commander, Military Sealift Command (COMSC):

(1) Act as type commander for the T-AH 19 Class Hospital Ships and coordinate with the respective fleet commander in chief for resource support.

(2) Exercise naval command and administrative control over the ships and MTFs in under existing directives.

(3) Act as manpower claimant for assigned civil service mariner operating crew.

(4) Develop and administer layberth, security, and support contracts to maintain the ships in ROS.

(5) Maintain assigned ships at levels of readiness as specified by reference (d), advising CNO and respective FLTCINC Naval Component Commander when those requirements cannot be met.

(6) Develop, promulgate, and maintain current plans for the activation and deactivation of each ship under the requirements set forth by reference (d).

(7) Establish and maintain requisite non-medical supply capability for those areas of resupply not supported by fleet logistic support capabilities as set forth by reference (i).

(8) Under reference (i), serve as ships Life Cycle Manager (LCM), to include ensuring compliance with the Geneva Convention provisions applicable to hospital ships and configuration control.

(9) Ensure the ships of the class are in ABS Class, and are United States Coast Guard certified.

(10) Implement or modify existing memoranda of agreement with CHBUMED and COMNAVSUPSYSCOM to detail responsibilities created by the organizational interfaces within the ships command structure, the command relationships specified above, and logistic support arrangements.



(11) Maintain cognizance over endurance load planning and material load list development to meet the requirements of reference (h) for ships repair parts and engineering consumables.

(12) Develop, issue and maintain current plans for the management of provision shelf life materiel. Although loss of some such materiel due to shelf life expiration can be anticipated as a cost of maintaining five day activation capability, the plans will be directed towards minimizing that loss.

f. Commander, Naval Supply Systems Command (COMNAVSUPSYSCOM):

(1) Coordinate with COMSC to develop and execute memoranda of agreement as specified in paragraph 9e(10).

(2) Maintain cognizance over endurance load planning and material load-list development to meet the requirements of reference (d) for provisions, ship's store (including laundry and barber shop), and general consumable supplies.

(3) As required by COMSC for activation planning, provide the following for classes of material specified above:

(a) estimated cubic storage requirements

(b) segregated endurance load requirement to identify pre-embarked supplies (with attendant quality control requirements) and activation load items for each ship

(c) a recommended activation load and storage plan for each ship.

(d) a recommended medical critical items list (CIL) and CIL resupply plan.

g. Chief, Bureau of Medicine and Surgery (CHBUMED):

(1) Maintain the Authorized Medical Allowance List/ Authorized Dental Allowance List (AMAL/ADAL) to meet the requirements of reference (d).

(2) In concert with OP-01 and designated Healthcare Support Office (HSO) develop on a case-by-case basis the required number and mix of personnel to augment the MTF for secondary mission employment.

(3) Coordinate with COMSC to develop and execute memoranda of agreement as specified in paragraph 9e(10).

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(4) Ensure frozen blood is maintained on board during ROS and coordinate all aspects of reporting, and resupply of blood and blood products.

(5) Provide technical guidance on patient care, medical/dental equipment and materiel and equipment/facility design.

(6) Monitor MTF personnel shortfalls and projected gains and losses, and adjust source tasking as required to maintain required manning levels, keeping COMSC and the respective FLTCINC advised of any inability to provide qualified personnel to meet those levels.

(7) Expedite the acquisition or loan of medical equipment, supplies and maintenance services during the activation period, as required.

(8) Coordinate with COMNAVSUPSYSCOM to establish and maintain requisite supply capability for those areas of medical resupply not supported by fleet logistic support capabilities as set forth by reference (i).

h. Commanding Officer, Supporting Naval Medical Center/Naval Hospital (NNMC Bethesda, MD and NH Oakland, CA):

(1) Serve as single point of contact with the MTF OIC for all matters relating to MTF FOS crew readiness and training and medical supply shelf life management.

(2) Ensure MTF FOS personnel maintain required levels of training for mission accomplishment as defined by reference (j), to include:

- basic firefighting
- general shipboard orientation
- lifeboat, liferaft training
- training specific to rate of FOS billet assigned
- damage control
- water survival

(3) Provide necessary credentialling information for all assigned health care providers under reference (k), ensuring that MTF COs are fully cognizant of their personal responsibility for credentialling, granting of privileges, and medical quality assurance.

(4) Ensure that personnel assigned to MTF billets are operationally available and that immediate reaction procedures are promulgated to meet activation requirements, to include: notification, assembly, and transfer plans.

(5) Monitor readiness status of the medical and non-medical military personnel designated to report to the hospital ship on activation who are assigned to their activity or to other supporting BUMED activities to include:

- reviewing and maintaining eligibility for sea duty
- orientation training
- professional and technical training (individual and unit)
- maintaining qualification to perform tasks assigned in MTF.

(6) Inform CHBUMED, COMSC, FLTCINC, and the RLC of any inability to provide qualified personnel to man the MTF within the prescribed time limit.

(7) Provide COMSC a schedule of training requirements requiring support of the ship or MTF cadre.

(8) Provide the ship's Master/Senior Licensed Deck Officer with updated manning information to enable ships bills to be kept current for FOS.

(9) Maintain liaison with the CO/OIC of the MTF to:

(a) Schedule the arrival of personnel assigned to the ships main galley and laundry to ensure timely activation of these facilities;

(b) Arrange for a phased departure of personnel to allow for an orderly deactivation of the MTF and attainment of ROS.

(10) Establish procedures for replacing MTF crew ordered to activation billets through the use of Naval Reserve personnel or by commercial contract.

(11) For all MTF FOS personnel assigned directly or to other supporting BUMED activities, establish procedures for:

(a) Providing necessary credentialling information for all assigned health care providers, including but not limited to:

- parent command
- name of provider
- social security number
- school and date of degree
- state fully credentialled or note limitations
- state whether or not ATCS, ACLS or BLS certified
- expiration date of each certificate.

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(b) Ordering augmentation personnel to report to the MTF when activation is directed.

(c) Providing travel orders and arranging timely transportation to the port of embarkation.

(d) Submitting FOS crew readiness information to all concerned.

i. Responsible Line Commanders (RLC) of Supporting Medical and Dental Activities (COMNAVDIST Washington, COMNAVBASE Seattle, and COMNAVBASE San Francisco):

(1) Acting through the designated Supporting Naval Medical Center/Hospital, ensure the continued readiness of medical and non-medical military support personnel assigned to medical and dental activities under their command authority.

(2) Ensure that the designated Supporting Naval Medical Center/Hospital under their command authority implements the direction specified under subpara. 9h above, to ensure the continued readiness of MTF personnel for activation.

(3) Coordinate with their respective FLTCINC to ensure procedures are in place for ordering the activation of MTF medical and non-medical military support personnel when directed.



S. R. ARTHUR

Deputy Chief of Naval  
Operations (Logistics)

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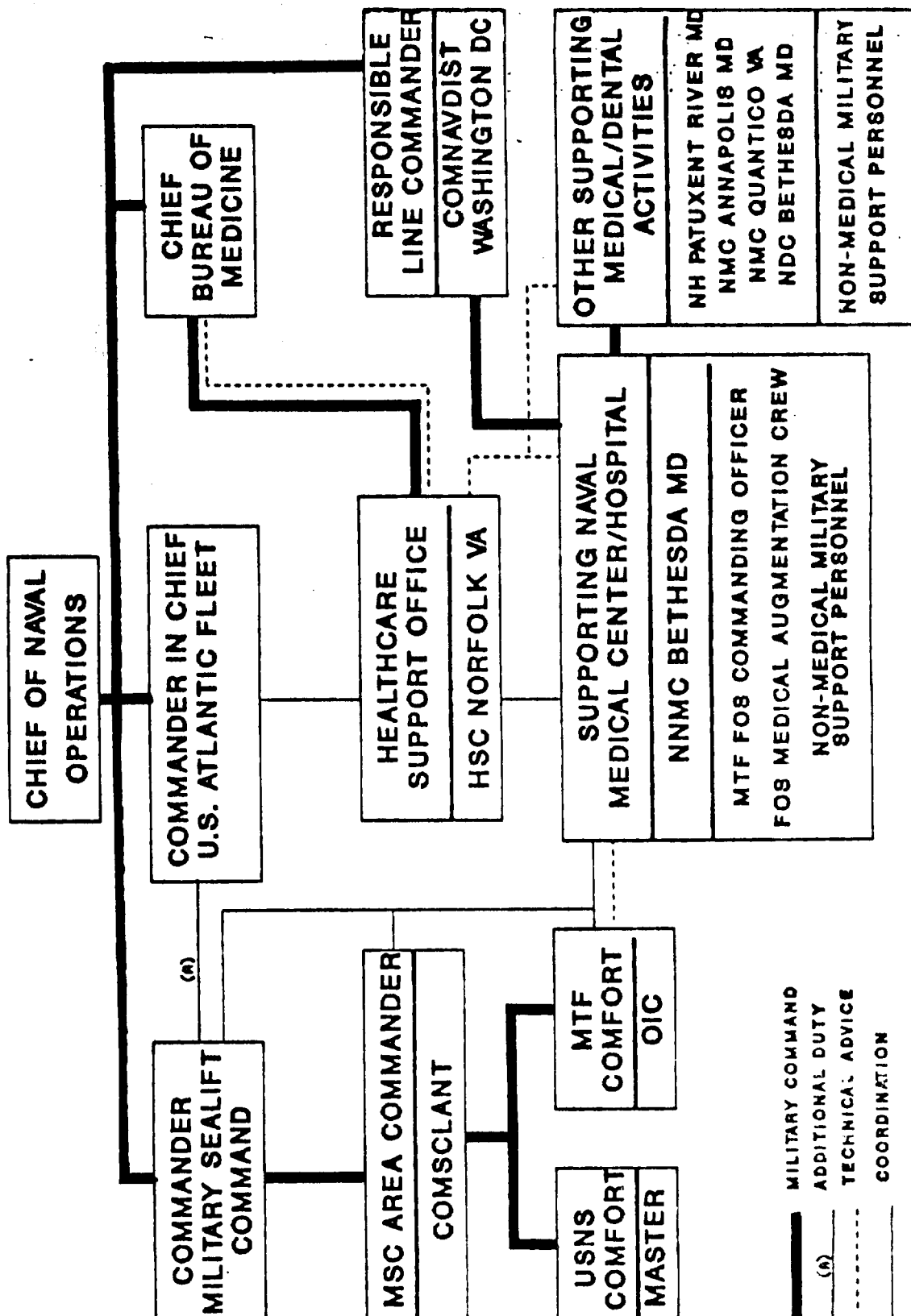


FIGURE 1 COMMAND RELATIONSHIPS -- USNS COMFORT (ROS)

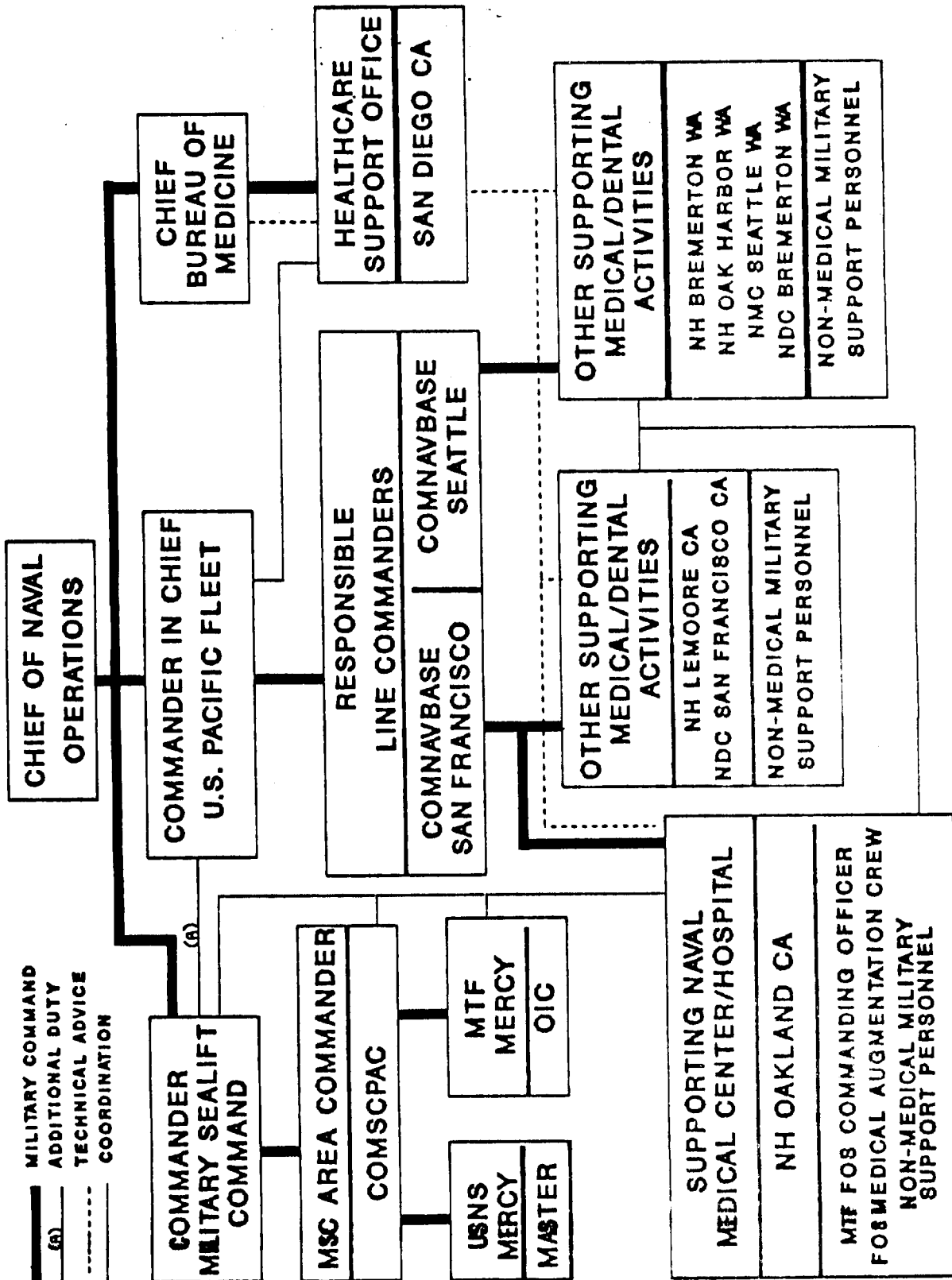


FIGURE 2 COMMAND RELATIONSHIPS -- USNS MERCY ROS